



11/19/03

cc QP-376  
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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/614,389
		Filing Date	07/12/2000
		First Named Inventor	Rasor, et al.
		Art Unit	3761
		Examiner Name	Weiss
Total Number of Pages in This Submission	5	Attorney Docket Number	CAPR 1010 PA

Total Number of Pages in This Submission

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Remarks Total of pages listed above does not include copies of references.		

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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jill L. Robinson
Signature	
Date	November 17, 2003

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. EXPRESS Mail label EU 953744380 US

Typed or printed name	Jill L. Robinson
Signature	
Date	November 17, 2003

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180.00)

## Complete if Known

Application Number	09/614,389
Filing Date	07/12/2000
First Named Inventor	Rasor
Examiner Name	Weiss
Art Unit	3761
Attorney Docket No.	CAPR 1010 PA

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  Other  None

 Deposit Account:

Deposit Account Number	
Deposit Account Name	

## The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below  Credit any overpayments  
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 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)			

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
			-20** =	X	=
			- 3** =	X	=

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$ 0		

\*\*or number previously paid, if greater; For Reissues, see above

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	180.00
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 180.00)

(Complete if applicable)

SUBMITTED BY			
Name (Print/Type)	Jill L. Robinson	Registration No. (Attorney/Agent)	34,911
Signature			
Date	11/17/2003		

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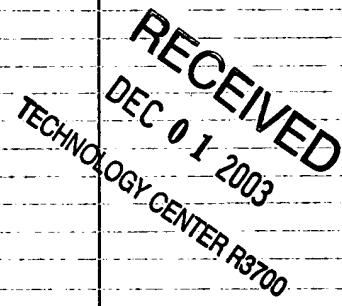
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Substitute for form 1449A/PTO				<b>Complete if Known</b>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(use as many sheets as necessary)</i>				Application Number	09/614,389
				Filing Date	July 12, 2000
				First Named Inventor	Razor
				Art Unit	3761
				Examiner Name	Weiss
Sheet	1	of	2	Attorney Docket Number	CAPR 1010



FOREIGN PATENT DOCUMENTS					
Examiner Initials	Cite No. 1	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Country Code(s) -Number <sup>4</sup> - Kind Code <sup>5</sup> (# known)	MM-DD-YYYY		T
		DE 14 91 660 A	08-28-1969	Brunn	
		WO 93 00951 A	01-21-1993	Inhale Inc.	
		DE 89 06 590 U	10-12-1989	Oxicur-Medizin-Technik	
		DE 837 158 C	04-21-1952	Draegerwerk AG	
		GB 408 856 A	04-19-1934	Frankemoeller et al	
		CH 247 873 A	03-31-1947	Bischoff	
		EP 0 768 094 A	04-16-1997	Dott Ltd. Comp	
		WO 91 08793	06-27-1991	Brigham & Women's Hospital	
		FR 2,656,218 A1	12-21-1989	Mondain-Monval	

<b>Examiner Signature</b>	<b>Date Considered</b>	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> See Kind Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

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PTO/SB/08B (10-01)

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**Substitute for form 1449B/PTO**

## **INFORMATION DISCLOSURE STATEMENT BY APPLICANT**

*(use as many sheets as necessary)*

Sheet 2 of 2

Substitute for form 1449B/PTO				<b>Complete if Known</b>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>				<b>Application Number</b>	09/614,389
				<b>Filing Date</b>	July 12, 2000
				<b>First Named Inventor</b>	Razor
				Group Art Unit	3761
				Examiner Name	Weiss
(use as many sheets as necessary)				Attorney Docket Number	CAPR 1010
Sheet	2	of	2		

#### **OTHER PRIOR ART – NON PATENT LITERATURE DOCUMENTS**

Examiner Initials'	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue numbers, publisher, city and/or country where published.	T <sup>2</sup>
		<p><b>Declaration by Ned Rasor regarding use of invention prior to filing.</b></p> <p>Goebel, KM; Mueller-Brodmann: Rebreathing Aborts Migraine Attacks. British Medical Journal, Vol 284, p. 312, January 30, 1982.</p> <p>Gronross, M.; Pertovaara, A.: A Selective Suppression of Human Pain Sensitivity by Carbon Dioxide: Central Mechanisms Implicated. Eur J Appl Physiol (1994) 68: 74-79.</p> <p>Lipkin, AF; Jenkins, HA; Coker, NJ: Migraine and Sudden Sensorineural Hearing Loss. Arch Otolaryngol Head Neck Surg (1987) 113: 325-26.</p> <p>Mischler, SA; Alexander, M.; Battles, AH; Rucci, JA; Nalwalk, JW; Hough, LB: Prolonged Antinociception Following Carbon Dioxide Anesthesia in the Laboratory Rat. Brain Research, 640 (1994) 322-327.</p>	

<b>Examiner Signature</b>		<b>Date Considered</b>	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

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